

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO. 09/067599
FILING DATE 5/28/98
APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/					
2	/					
3	2					
4	2					
5	2					
6	2					
7	/					
8	/					
9	1					
10	1					
11	/					
12	/					
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17						
18			1			
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21			1			
22				1		
23				2		
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50						
TOTAL IND.	3		5			
TOTAL DEP.	14		17			
TOTAL CLAIMS	17		22			

*	IND.	DEP.	*	IND.	DEP.	*	IND.	DEP.
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